


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N17563 1. Corporation Name SUN CITY CENTER COMMUNITY ASSOCIATION, INC.		
Principal Place of Business SCCCA 1009 N. PEBBLE BEACH BOULEVARD SUN CITY CENTER FL 33573 US	Mailing Address SCCCA 1009 N. PEBBLE BEACH BOULEVARD SUN CITY CENTER FL 33573 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/28/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2746620
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STERLING MGMT & FIN INC 1301 SEMINOLE BLVD STE 172 LARGO FL 34640	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILTON, JERRY	1.2 NAME		
STREET ADDRESS	2301 DEL WEBB BLVD E.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSEN, PAUL	2.2 NAME	VP	
STREET ADDRESS	1934 GRAND CYPRESS LANE	2.3 STREET ADDRESS	TOVEY, Mary Jane	
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	1527 Chevy Chase Drive	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sun City Center, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERENS, DOLORES	3.2 NAME	SD	
STREET ADDRESS	301 LA JOLLA AVE	3.3 STREET ADDRESS	FRASIER, Donna	
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	1708 Coco Palm Circle	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sun City Center, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, JANET H	4.2 NAME	TD	
STREET ADDRESS	1928 WOLF LAUREL DR	4.3 STREET ADDRESS	WALKER, Peter H.	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	1844 Wolf Laurel Drive	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Sun City Center, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 1/21/99 813-633-3500